Virginia Department of Health TB Consultation Record

						Consultation Clinic Date				
LastFirst_				Middle						
Address				City State					Zip	
Birth Date / / VISION #					Interpre	eter				
						Suspect				
				ease Site:	Secondar	Secondary Site:		See Health		
Cough/Sputum ≥ 3 weeks Hemoptysis Hx o				ous TB Infection: N	Y RX for LT	RX for LTBI N Y Year			story 🗆	
Fever,	unexplained			ous TB Disease: N					TST Results	
				nother case: N	Y Year	Year Place			Reason for TST:	
Night Sweats Fatigue			Weight	Height	RP	BP Temp			Date	
Lymphadenopathy				FDI					Given	
				<u> </u>		_		Date Read		
Reported Side Effects None				Total Charter	T	Doto			Indurationmm	
Loss of appetite Ringing in 6				Magativa	ay 1	Date Abnormal Cavitary			POSNEG	
Fatigue Dizziness			Describe:	Abilom	Abhormai Cavitary			Past TST Results:		
	Nausea/vomiting Numbness Abd. Pain Tingling of			Beschiee.						
	Jaundice Joint pains			Current Chest x-ray Date						
	Dark urine Vision/hear					Abnormal Cavitary		HIV Not Tested		
Rash	Rash Behavioral		ıl changes	Describe:					Not Tested Negative	
Fever Other								Positive		
				-				Results pending		
Initial Bacteriology										
Date	Smear	Culture	Sensitivity	All TB Treatment: DOT Self						
		_		Drug	Dosage	Frequency	Start Dat	te	Stop Date	
Current Bacteriology										
Date Date	Smear	Culture	Sensitivity							
2.000	2111411		Selisiervieg							
G .			1							
Sputum smear conversion:/ # weeks Sputum culture conversion:/ # weeks										
Additional Comments/Issues:										
Date Case Mgr. Signature										
Consultant Assessment/Recommendations										
Consultant	Assessmend	Recommendati	ons							
Date Clinician Signature										